



**National Pollutant Discharge Elimination System (NPDES)
CSO Discharge Monitoring Report (CSO DMR)**
State Form 50546 (R9-01)

City:		City of West Lafayette, Indiana										Page:		1 of 2								
Facility:		Wastewater Treatment Utility										Permit Number:		IN0024821								
Monitoring Period: (MM/DD/YY to MM/DD/YY)		3/1/2006 to 3/31/06										Check box if no CSO discharge occurred for the month:		<input type="checkbox"/>								
Design Peak Inf. Flow (MGD):		18		Measured/Metered (M) or Estimated (E) must be specified. (Please attach methods used.)																		
					CSO Outfall No. 007						CSO Outfall No. 003						CSO Outfall No. 004					
Day of Month	Day of Week	Precip. in Inches	Influent Flow (MGD)	Peak Infl. Flow Rate (MG)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	W	--	8.93	16.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
2	Th	--	9.02	18.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
3	F	--	9.34	19.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
4	Sa	--	9.04	13.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
5	Su	--	9.77	16.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
6	M	0.16	9.88	23.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
7	Tu	0.07	9.30	15.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
8	W	0.22	10.00	17.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
9	Th	0.42	18.55	35.00	3:00 PM	e	9.00	e	4.25	e	4:45 PM	m	5.00	m	0.03	m		m		m	--	m
10	F	1.26	16.87	35.00	12:00 AM	e	1.00	e	3.38	e	12:00 AM	m	1.25	m	0.00	m		m		m	--	m
11	Sa	--	10.79	35.00	11:15 PM	e	0.50	e	0.68	e	11:00 PM	m	1.00	m	0.00	m	11:15 PM	m	0.25	m	0.01	m
12	Su	0.66	15.14	33.00	12:30 AM	e	1.50	e	4.23	e	12:45 AM	m	1.25	m	0.01	m		m		m	--	m
13	M	0.09	10.33	15.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
14	Tu	--	9.53	15.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
15	W	--	8.78	14.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
16	Th	--	8.75	14.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
17	F	0.02	8.35	10.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
18	Sa	--	8.44	10.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
19	Su	--	8.82	13.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
20	M	--	9.75	15.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
21	Tu	--	10.18	16.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
22	W	--	9.77	15.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
23	Th	--	9.69	15.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
24	F	--	9.60	15.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
25	Sa	0.08	9.40	14.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
26	Su	--	8.82	13.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
27	M	--	9.87	16.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
28	Tu	0.24	10.12	23.00		m	0.00	m	--	m		m		m	--	m		m		m	--	m
29	W	0.09	8.92	14.00		m		m	--	m		m		m	--	m		m		m	--	m
30	Th	--	8.06	14.00		m		m	--	m		m		m	--	m		m		m	--	m
31	F	0.38	12.03	31.00		m		m	--	m	5:15 M	m	1.75	m	0.00	m		m		m	--	m
Totals:		3.69					12.00		12.54				10.25		0.040				0.25		0.01	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent																		Telephone				
David A. Downey, Public Works Director																		765 775-5145				
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																						
Signature of Principal Executive Officer or Authorized Agent																		Date				
																		2/24/2006				



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State Form 50546 (R9-01) Additional Outfalls Page

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Measured/Metered (M) or Estimated (E) must be specified. (Please attach methods used.)																																					
		CSO Outfall No. 006							CSO Outfall No.							CSO Outfall No.							CSO Outfall No.														
Day of Mo.	Day of Wk.	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)							
1	W																																				
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28	Tu																																				
29	W																																				
30	Th																																				
31	F																																				
Totals:				0.50		0.002				0.00		0.00				0.00		0.00				0.00		0.00				0.00		0.00							
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent																				Telephone																	
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